MULTIPLE DEPENDENT CLAIM SERIAL NO. FILING DATE FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) CLAIMS AFTER AFTER AS FILED I"AMENDMENT AFTER AS FILED 2 MAMENDMENT AFTER I"AMENDMENT IND. 2 MAMENDMENT DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. TOTAL: IND. TOTAL IND TOTAL DEP TOTAL DEP

MATERIAL

TOTAL

TOTAL